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Factors Influencing Millennials' Perception of and Attitudes Toward Therapy

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ABSTRACT

The millennial generation (those born after 1985) appears to be seeking mental health services (MHS) less frequently than older generations. Additionally, this generation is reportedly more narcissistic and entitled than older generations and have maladaptive helicopter parents. One explanation for millennials' underutilization of MHS would be to attribute this to their narcissism, entitlement, and helicopter parents. The purpose of this study was to investigate whether differences exist between millennials and non-millennials regarding their levels of narcissism, entitlement, experiences of helicopter parenting, and attitudes towards therapy. Additionally, the study predicted that increased levels of narcissism, entitlement, and helicopter parenting would be associated with poorer attitudes towards MHS. Results failed to support the presence of any significant generational differences. However, narcissism, entitlement, and helicopter parenting were associated with poorer attitudes towards therapy. This suggests that these traits, in part, may act as a treatment barrier for seeking MHS. Further research is called for to more clearly understand the millennial generation and effectively provide them with MHS.

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To my mom and dear friends for their love, encouragement, and support.

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CHAPTER I

PREDICTORS OF SEEKING MENTAL HEALTH SERVICES AND MILLENNIALS

Trends and Predictors of Seeking Mental Health Services

Despite a demonstrated need for services, millennials are using mental health services less often than did adults of older generations (Han, Hedden, Lipari, Copello, & Kroutil, 2015). Atkinson (2004) defined *millennials* as individuals born between the 1980s and early 2000s. As this generation grows up and begins to experience problems as emerging adults, they may need to seek out MHS without guidance from their parents. Mental health professionals are charged with efficiently helping clients seeking their services. Additionally, mental health professionals should be concerned with understanding why some who need services are more reluctant to pursue them. This involves understanding the nuances of the client as well as their attitudes, beliefs, and perceptions of mental health services (MHS). It is important that mental health professionals understand what the millennial generation expects and comprehends about mental health services, as well as what factors appear to serve as barriers, discouraging millennials from seeking needed services. Both millennials experiencing general mental health issues and those presenting with clinical levels of distress or dysfunction are utilizing MHS less than other generations experiencing similar problems (Han et al., 2015). Millennials reported utilizing all types of MHS (inpatient, outpatient, and prescription medications) less than older generations, and have a larger perceived unmet need for services than other age groups (Han et al., 2015). While there is substantial

research on the reasons adults of all generations may or may not seek out services (e.g., Karaffa & Koch, 2015; Kessler, Agines, & Bowen, 2015; Yousaf, Hunter, & Popat, 2015), it is unclear what factors are specifically keeping millennials from seeking MHS.

Similarly, and with a lengthier history of empirical support, some people are more or less inclined to ask for help when faced with medical problems. Health care seeking behaviors are known to be related to accessibility and socio-demographics; individuals with health insurance and a nearby doctor are more likely to seek care than those who are uninsured in rural areas (Rosenstock, 1974). Additionally, this variation itself appears related to more frequently acknowledged variables such as diagnosis, perceived severity, and prognosis of the disease (Jones, 1990; Safer, Tharps, Jackson, & Leventhal, 1979). The common cold is less likely to result in seeking medical treatment as compared to a broken limb or a cancer diagnosis. Attitudes and behaviors associated with seeking MHS also vary by experienced symptoms, level of functional impairment, and perceived need (Li, Dorstyn, & Denson, 2016).

There is ample evidence indicating that different groups of people have varying levels of openness to seeking MHS. For example, for several decades older adults underutilized MHS, which was understood to be related to negative attitudes towards mental health care and reduced expectations of benefit from verbal psychotherapy (Kessler et al., 2015). In contrast, younger generations (i.e., middle-aged adults) hold more positive attitudes towards MHS and more frequently utilize these services than do their older counterparts (Han et al., 2015; Kessler et al., 2015). Certain professions, such as police officers, may refrain from seeking services due to public stigma and imagined criticism or ridicule from their peers, as well as self-stigma (Karaffa & Koch, 2015).

Pluralistic ignorance also appears to negatively impact police officers' propensity to seek MHS (Karaffa & Koch, 2015). Pluralistic ignorance is the phenomenon in which individuals in a group privately reject a belief, feeling, or behavior, yet they believe that other group members privately accept it. For example, police officers may internally accept the concept of seeking MHS but may also believe that fellow officers are, at least internally, uncomfortable with or even opposed to those who choose to seek mental health support. In this case, the officers' desire to belong to the group may result in them openly stating rejection of those seeking MHS, regardless of perceived need (Karaffa & Koch, 2015). Furthermore, military members report that fear of work and personal consequences hinders them from publicly acknowledging symptoms of emotional distress or instability, insecurity, or career indecisiveness (Kim, Britt, Klocko, Riviere, & Adler, 2011; Valenstein et al., 2014; Warner, Appenzeller, Mullen, Warner & Greiger, 2008). This leads them to either minimize or ignore their symptoms altogether or to pursue MHS secretly (Kim et al., 2011). Other public leaders show similar hesitance. In fact, one might generalize this observation by suggesting that any individual concerned with maintaining positive public perceptions and appearances may be disinclined to seek psychotherapy.

In addition to age and stigma, other internal and external factors also appear to influence one's propensity to seek MHS. Internal factors, such as adherence to traditional masculinity norms (i.e., avoiding femininity, restricting emotionality, asserting dominance, etc.) may partially explain why men are less likely than women to seek MHS (Yousaf, Hunter, & Popat, 2015). Self-efficacy and the perceived threat of mental illness also have been reported to be associated with a higher likelihood of seeking MHS

(McKinley & Ruppel, 2014). Personality factors (e.g., neuroticism, openness, etc.) may also influence help-seeking behaviors (Hyland et al., 2015; Kessler et al., 2015). Individuals scoring more highly on neuroticism measures are observed to be more likely to seek out MHS, suggesting that increased emotional dysregulation or personal distress increases the frequency of help-seeking behaviors (Hyland et al., 2015). Other belief barriers, such as lack of awareness of available services, perceived stigma towards seeking MHS, and a lack of understanding of them decreases the likelihood one will seek out MHS (Rosenthal & Wilson, 2016). External, systemic barriers also influence the propensity to seek out MHS. Affordability, availability, accessibility, and acceptability are all barriers that may prevent individuals from utilizing MHS (Marsh & Wilcoxon, 2015).

Although there is research that investigates the factors that affect the utilization of MHS, there is substantially less published research to date that seeks to explain the factors behind millennials' reduced service seeking behaviors. This failure to pursue or even to consider pursuing assistance from a mental health professional appears to be partially explained by a variety of potential causal factors. For example, it could be that personal characteristics of millennials (e.g., entitlement and narcissism) and the ways in which they were raised may significantly influence their perceptions of therapy and the likelihood of their utilization of MHS. Additionally, it could be that millennials' characteristics affect their psychological openness, help-seeking propensity, and their perceptions of stigma.

Millennials as a Generation

Popular perception and commentary depicts millennials as potentially the most selfish and poorly socialized generation in history; describing them as self-absorbed, lazy, entitled, narcissistic, and dependent (Gallup, 2013). In addition to presumably possessing this collection of undesirable traits, millennials allegedly cause numerous problems. They cause problems in the classroom; where instructors from schoolteachers to college professors often find themselves as at a loss to evoke hard work from individuals who feel entitled to high grades, seemingly without the work for some (Morreale & Staley, 2016). Further, millennials may cause problems in the workplace for similar reasons, such as expecting promotions without merit, shutting down in the face of criticism, and refusing to work for less pay than they feel they are worth (Stewart, Oliver, Cravens, & Oishi, 2017). They also cause problems for the economy, leaving home at a later age, staying in school longer, and developing spending habits markedly different than previous generations (Thompson & Weissmann, 2012). Mental health professionals would seem to be uniquely suited to assist millennials in navigating a society that views them as "problems" in every area of their lives, as well as help them to cope with personal issues they may be experiencing.

Many consider millennials to be more narcissistic and entitled than previous generations (Credo, Lanier, Matherne III, & Cox, 2016). They are seen as tending to overestimate their abilities and having an inflated sense of self, as a result, reporting that they dislike doing things they do not comprehend as challenging or meaningful (Credo et al., 2016). They are concerned with achievement and good conduct but often report facing multiple and overwhelming pressures to excel in all areas of life (Bland, Melton,

Welle & Bigham, 2012). For example, millennials are expected to excel academically, be interpersonally connected through technology, and manage the stress of emerging adulthood. Millennials may be characterized as resilient in the face of substantial stress brought on by being constantly connected to the world through technology; however, they still exhibit a lack of problem-solving skills (Bland et al., 2012; Odenweller, Booth-Butterfield, & Weber, 2014). Millennials are constantly connected to the world around them through social media and the Internet, and, as a result have been front-row witnesses to many traumas and natural disasters. Thus, they have developed a resiliency in light of this constant exposure (Bland et al., 2012). Despite this resiliency, millennials still lack the skills needed to cope and navigate their world (Odenweller et al., 2014). This lack of problem-solving skills may be connected to, or even attributed to, their overly involved "helicopter parents" who fail to allow their children to face and solve problems on their own (Odenweller et al., 2014). Additionally, millennials are faced with significant stress when transitioning to college (Bland et al., 2012), and this stress may be compounded by their impaired problem-solving skills. Credo et al. (2016) suggest that the negative traits often associated with millennials may be in turn related to a higher sense of self-efficacy. Results of a correlational analysis conducted by his research team showed that narcissism was positively and significantly associated with entitlement and, but negatively associated with engagement (Credo et al., 2016). High levels of narcissism and entitlement may lead millennials to be less engaged both in their jobs and in therapy.

Helicopter parenting is a style of over-parenting in which parents are overly involved in their children's lives and do not allow them to be autonomous at an age-appropriate level (Segrin, Woszidlo, Givertz, Bauer, & Taylor Murphy, 2012). Children

of helicopter parents tend to have lower coping ability than children raised by parents who foster autonomy (Odenweller et al., 2014). Millennials are making significant life changes, trying to please parents, and dealing with academic and/or workplace stress, all of which require successful utilization of coping strategies (Bland et al., 2012). Coping strategies reportedly prominently employed by millennials include listening to music, sleeping, and surfing the Internet. Bland et al. (2012) found that being supported by others was a protective factor for stress, whereas things like prayer, calling parents, and using social media were risk factors, and were not employed by those with higher stress tolerance. These authors report that social support served as a protective factor, consistent with previous findings (e.g., Ainslie & Shafter, 1996; Luthar, 1991). They also indicate that coping strategies that foster avoidance and dependence (such as shopping, cleaning, calling a friend) may be maladaptive if they typically avoid rather than reduce stress (Bland et al., 2012). Helicopter parents may foster these types of avoidant coping strategies. Bland and colleagues (2012) recommend that parents and college administrators foster approach-oriented coping strategies to help millennials deal more effectively and efficiently with stress.

Although parental involvement is a predictor of positive child outcomes, over-involvement (i.e., helicopter parenting) can be detrimental (Odenweller et al., 2014). This type of parenting is particularly prevalent in the millennial generation, and this may be driven by parents' desires to ensure the success and happiness of their children and may result from family enmeshment (Odenweller et al., 2014; Segrin et al., 2012). Overly involved parents may create a sense of privilege in their children, create problems with emotional regulation, and result in dependent personality traits and lowered self-efficacy

(Segrin et al., 2012). Odenweller and colleagues (2014) examined the relationship between helicopter parenting, family environments, and millennials' relational outcomes. They reported that helicopter parenting tendencies had a weak but positive correlation with authoritarian parenting and a moderate positive correlation with a conformity communication style as well as neuroticism and interpersonal dependency. Additionally, they found a strong positive relationship between neuroticism and interdependency, as well as a moderate negative relationship between helicopter parenting and coping efficacy. The authors point out that helicopter parenting is associated with poor socio-emotional development in millennials, which can hinder them in the classroom and the workplace, especially when faced with adversity. Segrin and colleagues (2012) examined the association between over-parenting, parent-child communication quality, and both negative and positive child traits that are presumably influenced by this well-intended parenting practice. Parental reports of over-parenting were associated with lower quality parent-child communication, as reported by both parents and their young adult children. Over-parenting was also positively associated with young adult children's sense of entitlement – a trait commonly associated with millennials (Segrin et al., 2012). There was, however, no evidence to indicate an association between over-parenting and any adaptive traits that were assessed in their investigation. This style of parenting may create mental health problems for millennials (e.g., depression, anxiety, poor coping skills, etc.), while simultaneously hindering them from seeking out services. Because millennials may overly rely on their helicopter parents, they may look to them for coping strategies, rather than seeking out formal MHS. Their impaired coping ability coupled with their enmeshment with their parents could prevent them from seeking help.

Although helicopter parenting has been shown to correlate with other, well-validated constructs of parenting, such as authoritarian parenting (Odenweller et al., 2014), it is not a well-defined construct. There are few well-validated measures of helicopter parenting, and many of these measures focus on helicopter parenting experienced by young adults. Helicopter parenting is particularly problematic for emerging adults who need age-appropriate autonomy to function independently, and thus it seems relevant to study this construct as experienced by young adults. However, this can hinder the study of helicopter parenting in other age groups (e.g., older adults) as they have to recall what their parents were like when they were emerging adults. This can be problematic, as the accuracy of recalled events can be inaccurate, especially if the recall period is long (Sudman & Bradburn, 1973). Additionally, subjective states and opinions (such as whether one feels their parents are overbearing) are less accurately recalled then objective facts (Schwarz & Sudman, 1994; Tourangeau, Rips, & Rasinski, 2000).

Attitudes as Predictors of Behavior

The Health Belief Model (HBM) has been used to understand the health seeking behaviors in patients for decades (Rosenstock, 1974). It posits that the likelihood of engaging in health-related behaviors is determined primarily by the interaction of several factors: perceived seriousness, perceived susceptibility, perceived benefits/barriers, cues to action, self-efficacy, perceived threat, and modifying variables (e.g., socioeconomic status, education, psychosocial variables, etc.). This model does not adequately predict behaviors due to a poor conceptualization of how all of these variables combine and interact. However, it does serve as a starting point for research in this area by providing a list of variables that have been shown to influence health-seeking behaviors. The Theory

of Planned Behavior (TPB) elaborates on the HBM and attempts to predict behaviors (Ajzen, 1985). The TPB proposes that behavior is a function of beliefs, subjective norms (i.e., referent beliefs about others' expectations), and perceived behavioral control over the situation. These interact to influence one's intention to act, which is predictive of actual behavior (Ajzen, 1985). The TPB suggests that actual engagement in MHS can be accurately predicted by researchers focusing on the personal beliefs held about MHS, normative beliefs about MHS, and self-efficacy and perceived barriers to seeking out services.

Present Study

The present study aims to provide insight into possible reasons why millennials may be seeking therapy less than other generations by evaluating their attitudes towards therapy, as well as generation-specific factors that appear likely to influence these attitudes. Since millennials are reportedly seeking therapy less often than older generations, it is predicted that they will hold more negative attitudes towards therapy than older individuals. In an attempt to understand these attitudes, "millennial traits" will be evaluated to determine if they correlate significantly with attitudes toward therapy. Many researchers have observed millennials to be more narcissistic and entitled than previous generations, with more overbearing parents. It is predicted that these higher levels of narcissism and entitlement will lead millennials to be less likely to engage with MHS. Millennials may not view therapy as challenging or meaningful, and thus may not engage in MHS. Helicopter parenting has been shown to lead to lowered self-efficacy in children, which may lead to lowered perceived behavioral control and negatively influence their attitudes towards therapy. Further, it is predicted that millennials may

prefer less traditional methods of MHS delivery (e.g., therapy via a smartphone application) more than do older generations.

CHAPTER II

METHOD

Participants

Participants were gathered via social media outlets (Facebook, Twitter, Instagram), as well as a convenience sample of college students. Researchers deployed the survey link to various social media outlets and to undergraduate psychology classes at a small, Texas college. An incentive (entrance into a drawing for a $25 Amazon gift card) was offered to individuals who chose to participate. The final sample consisted of 125 participants, with 105 of the participants completing all survey items. The sample of completers ranged in age from 18 to 75 (M = 28.74, SD = 12.27). A majority of the sample was millennial (defined as those born in 1985 or later; n = 102, 81.6%). Further, the majority of the sample was female. Ethnically, the sample was predominantly Caucasian with other ethnicities represented at much lower rates. The sample ranged in income brackets as well as education level. A majority of the sample had received some form of MHS prior to completing the survey. Detailed sample demographics are presented in Table 1.

Table 1

Sample Demographics

Characteristic	*n*	%
Gender		
Male	19	15.2
Female	106	84.8
Ethnicity		
Asian or Pacific Islander	3	2.4
African American	3	2.4
Hispanic	13	10.4
Caucasian	103	82.4
American Indian & Caucasian	1	0.8
Hispanic & Caucasian	2	1.6
Income		
$0 - $25,000	10	8.0
$25,001 - $50,000	23	18.4
$50,001 - $75,000	29	23.2
$75,001 - $100,000	34	27.2
$100,000+	29	23.2
Education Level		
High school degree	5	4.0
Some college	42	33.6
Associate degree	5	4.0
Bachelor's degree	41	32.8
Graduate or professional degree	32	25.6
MHS History		
Received some form of MHS	64	61.0
No history of MHS	41	39.0

Measures

Attitudes Towards Therapy

Attitudes towards therapy were measured using the Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS) (MacKenzie, Knox, Gekoski, & Macaulay, 2004). This scale is an adaptation of the Attitudes Towards Seeking Professional Psychological Help Scale (Fischer & Turner, 1970) and consists of 24 items. It measures three internally consistent factors: psychological openness, help-seeking propensity, and indifference to stigma with an overall internal consistency 0.89. Psychological openness reflects the extent to which one is open to acknowledging psychological problems and to seeking help for these problems. Help-seeking propensity involves an individual's willingness and ability to seek MHS. Indifference to stigma involves the extent to which individuals are concerned about what others would think about them seeking MHS. Sample items include: "Psychological problems, like many things, tend to work out by themselves," "It would be relatively easy for me to find the time to see a professional for psychological problems," and "Having been mentally ill carries with it a burden of shame." Statements are rated on a five-point Likert scale ranging from "Disagree" to "Agree."

Narcissism

Narcissism was measured using the Hypersensitive Narcissism Scale (HSNS) (Hendin & Cheek, 1997), which is a 10-item self-report measure of an overestimation of one's abilities and excessive self-admiration. It assesses covert narcissism, which is associated with vulnerability and hypersensitivity. Sample items include: "I dislike sharing the credit of an achievement with others," and "I am secretly 'put out' or annoyed

when others come to with their troubles, asking me for my time and sympathy." Responses on the HSNS are recorded using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." The HSNS was found to have a Cronbach's alpha of 0.74 (Hendin & Cheek, 1997). The HSNS was found to have adequate test-retest reliability in a non-clinical sample over a three-month period (r = .82; Fossati et al., 2009). Additionally, the HSNS was found to have adequate construct validity (Fossati et al., 2009).

Entitlement

Entitlement was measured using the Psychological Entitlement Scale (PES) (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004). This scale consists of nine items that are rated on a seven-point Likert scale ranging from "strong disagreement" to "strong agreement." Sample items include: "Great things should come to me," "If I were on the Titanic, I would deserve to be on the *first* lifeboat!" and "I demand the best because I'm worth it." This scale has been shown to be a single-factor, internally consistent measure of entitlement (Campbell et al., 2004), and has been used in other studies measuring psychological entitlement (e.g., Credo et al., 2016). The measure was found to have a Cronbach's alpha of 0.85. The PES was found to have convergent validity with other measures of similar constructs, most notably with Narcissism (r = .50), and Entitlement (r = .54). The PES was also found to have strong test-retest reliability (r = .72 at 1-month, and r = .70 at 2-months).

Helicopter Parenting

Helicopter parenting tendencies were assessed using two different measures: the Helicopter Parenting Instrument (HPI) (Odenweller et al., 2014) and a five-item

helicopter-parenting instrument developed by Padilla-Walker and Nelson (2012). Because well-validated and widely used measures of helicopter parenting do not exist, two measures will be used to assess the construct. The HPI is a 15-item self-report measure that rates items on a 7-point Likert scale ranging from "very strongly agree" to "very strongly disagree." Sample items on the HPI include: "My parent tries to make all of my major decisions," "My parent feels like a bad parent when I make poor choices," and "My parent insists that I keep him or her informed of my daily activities." The HPI was found to have a Cronbach's alpha of 0.78 and a convergent validity with another measure of helicopter parenting of $r = .63$. Padilla-Walker and Nelson's (2012) unnamed measure is a five-item self-report survey that assesses helicopter parenting using a five-point Likert scale ranging from "not at all like my parent" to "a lot like my parent." This scale is intended to measure helicopter parenting in emerging adulthood, thus participants were asked to respond based on how their parents treat or treated them as a young adult. Sample items include "My parent makes important decisions for me (e.g., where I live, where I work, what classes I take)" and "My parent intervenes in solving problems with my employers or professors". This scale was found to have an overall alpha of 0.87. Further, this scale was found to correlate with measures of behavioral control ($r = .50$) and psychological control ($r = .43$).

Procedures

Researchers deployed survey links across via Facebook and "shared" the link with various social media groups. In order to be considered for participation, individuals had to be connected in some way to the researchers via social media, be of age 18 or older, have Internet access, have social media accounts, and be active online around the time the

link was shared. Participants who saw the link on social media were invited to click on the link to participate in the survey. After clicking the survey link, participants were directed to the survey website, where they were provided with information about the study, and the risks and benefits of participation. Participants were asked to provide their consent to participate in the study and were then directed to the survey questions. If participants failed to provide consent, they were directed away from the survey and were unable to complete the procedure. The survey consisted of basic demographic questions (age, gender, ethnicity, education level, and parental income), as well as the four previously discussed scales. Participants were also asked whether they had previously sought MHS, and how they preferred their MHS to be delivered (i.e., face to face with a therapist, via a mobile app or the Internet, with a psychiatrist, or with their primary care physician). The survey took participants approximately 15-20 minutes to complete. Following completion of the survey, participants were directed to another website, where they had the opportunity to enter into a drawing for a $25 Amazon gift card (via a Google form that allowed participants to provide their contact information to researchers in a manner that cannot link them to their survey responses).

CHAPTER III

RESULTS

The purpose of this study was to provide insight into reasons why millennials may be seeking therapy less than other generations by evaluating their attitudes towards therapy, as well as generation-specific factors that appear likely to influence these attitudes.

Millennials and Non-Millennials

The initial hypothesis of this study predicted that millennials are more narcissistic and entitled with higher levels of helicopter parenting and possess poorer attitudes towards therapy than non-millennials. In order to test this hypothesis, a mean comparison analysis was conducted using an independent groups t-test. Groups were defined as millennials (those born between 1985 and 2000) and non-millennials (those born prior to 1985). Total scores on the PES, HSNS, five-item helicopter measure, HPI, and IASMHS were calculated for each participant, and means were calculated for each of these measures. A *t*-test was used to determine if statistically significant group differences were evident; no significant differences were found. These results are presented in Table 2.

Table 2

Group Differences Between Millennials and Non-Millennials

	Millennials		Non-Millennials			
Variable	M	SD	M	SD	*t*	Sig.
PES	27.54	8.74	23.85	10.73	1.42	.17
HSNS	27.87	5.24	27.66	4.21	0.19	.84
5-Item	8.72	3.95	7.42	3.29	1.50	.14
HPI	42.28	12.05	39.47	12.72	0.88	.39
IASHMS	69.66	13.34	68.00	14.29	0.46	.65

Narcissism, Entitlement, Helicopter Parenting and Attitudes

In an attempt to understand more about attitudes towards therapy, "millennial traits" were evaluated to determine if they correlated significantly with attitudes toward therapy. It was predicted that these higher levels of narcissism and entitlement, as well as increased helicopter parenting are associated with poorer attitudes towards MHS. Pearson correlations were computed to determine whether narcissism, entitlement, and helicopter parenting were significantly correlated with attitudes towards therapy. Age was also correlated with these variables to further examine how age (or generation) is associated with these variables. Results showed that increased entitlement, narcissism, and one measure of helicopter parenting (the HPI) were significantly correlated with more negative attitudes towards therapy. The shorter, five-item helicopter parenting measure was not found to be significantly correlated with attitudes towards therapy. Additionally, age was not observed to be correlated with any of the measures. Narcissism

was also positively associated with entitlement and both measures of helicopter parenting. The results of these correlations are presented in Table 3.

Table 3

Correlations between Traits, Age, and Attitudes

	1	2	3	4	5	6
1. Age	--					
2. PES	-.030	--				
3. HSNS	-.016	.211*	--			
4. HPI	-.087	.168	.230*	--		
5. 5-Item	-.036	.188	.213*	.543**	--	
6. IASMHS	-.047	-.224*	-.215*	-.236*	-.029	--

*$p < .05$, **$p < .01$

Preferences of Service Delivery Methods

Further, it was predicted that millennials would prefer less traditional methods of MHS delivery (e.g., therapy via a smartphone application) more than do older generations. In order to test this hypothesis, mean comparison analyses were conducted using independent group *t*-tests. Means for each ranking were calculated for millennials and non-millennials and compared. Lower scores indicate a less preferred method. Millennials were found to prefer going to their primary care physician (PCP) more than non-millennials, but no other significant preferential differences were observed. These results are presented in Table 4.

Table 4

Comparisons between Millennials and Non-Millennials on Service Delivery Preference

	Millennials		Non-Millennials			
Delivery Method	M	SD	M	SD	*t*	Sig.
Face to Face	2.63	1.36	3.16	1.17	-1.58	.117
App/Internet	2.35	1.16	2.42	1.02	-0.25	.802
Psychiatrist	2.59	0.90	2.58	1.17	0.06	.954
PCP	2.43	1.01	1.84	0.77	2.383	.019*

*$p < .05$

Additionally, to determine whether millennials or non-millennials preferred one method of MHS delivery over others, cross-tabulation procedures were calculated, and a Chi-squared statistic was computed for each delivery method (face to face therapy, therapy via a smartphone app/Internet, medications from a psychiatrist, and medication from a PCP). Results showed that neither millennials nor non-millennials preferred any one method over others. The results of these tests are presented in Table 5.

Table 5

Prevalence of Service Delivery Preferences in Millennials and Non-Millennials

	Millennials (*n*=86)		Non-Millennials (*n*=19)			
MHS Delivery Preferences	Observed	Expected	Observed	Expected	$\chi^2(1)$	Sig.
Face to Face					3.07	.380
Least Preferred	30	27	3	6.0		
Somewhat Preferred	10	9.8	2	2.2		
Preferred	8	9.0	3	2.0		
Most Preferred	38	40.1	11	8.9		
App/Internet					6.75	.080
Least Preferred	27	26.2	5	5.8		
Somewhat Preferred	22	20.5	3	4.5		
Preferred	17	21.3	9	4.7		
Most Preferred	20	18.0	2	4.0		
Psychiatrist					5.29	.152
Least Preferred	10	11.5	4	2.5		
Somewhat Preferred	29	28.7	6	6.3		
Preferred	33	29.5	3	6.5		
Most Preferred	14	16.4	6	3.6		
PCP					5.98	.113
Least Preferred	19	21.3	7	4.7		
Somewhat Preferred	25	27.0	8	6.0		
Preferred	28	26.2	4	5.8		
Most Preferred	14	11.5	0	2.5		

CHAPTER IV

DISCUSSION

Interestingly, no group differences were found between millennials and non-millennials, and age was not found to correlate with any of the "millennial traits." This is noteworthy, considering that these traits are generally considered to be millennial specific. Some recent research has suggested strongly that millennials are more narcissistic and entitled than older generations (e.g., Credo et al., 2016; Gallup, 2013; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). In fact, Twenge et al. (2008) contends that millennials are more narcissistic than older generations were at their age, suggesting that it may not simply be that older generations have "grown out" of their narcissism. However, contending research suggests that these claims may be unwarranted and younger generations may not be more narcissistic (e.g., Trzesniewski, Donnellan, & Robbins, 2008; Wetzel et al., 2017). The literature is unclear whether millennials are substantially more narcissistic and entitled than previous generations, and results from this study suggest that that they are not. It could be that every generation perceives these characteristics to be more salient in younger generations, regardless of the truth of the matter.

Although no significant group differences between millennials and older generations were found, "millennial characteristics" of entitlement, narcissism, and helicopter parenting were associated with more negative attitudes towards therapy. Entitled individuals have been shown to be more selfish, have lower perspective taking,

and less empathy (Campbell et al., 2004), and may be less aware of their own psychological problems and have lower help-seeking propensity. Further, entitled individuals have been shown to demonstrate aggression following criticism (Campbell et al., 2004), and thus may be less psychologically open and reluctant to seek MHS. Narcissists, as measured by the HSNS, are overly sensitive and have excessive self-admiration (Hendin & Cheek, 1997). Although Credo et al. (2016) suggest that narcissism may be related to a higher sense of self-efficacy; covert narcissists have been shown to experience lowered self-efficacy (Brookes, 2015). Further, lowered self-efficacy has been reported to be associated with a lower likelihood of seeking MHS (McKinley & Ruppel, 2014), which could explain why narcissism was negatively associated with attitudes towards therapy. Helicopter parenting was also found to be negatively associated with attitudes towards therapy. Helicopter parents been shown to create a lowered sense of self-efficacy in their children, and foster avoidant coping strategies (Bland et al., 2012; Segrin et al., 2012). This lowered self-efficacy and inability to face their problems may lead individuals with helicopter parents to have less psychological openness and lowered help-seeking propensity, and thus less favorable attitudes towards therapy.

In addition, narcissism was found to correlate with entitlement. This makes sense, considering that these are closely related constructs (Campbell et al., 2004; Credo et al., 2016). Narcissism was also positively related to both measures of helicopter parenting. It could be that helicopter parenting creates a sense of elitism in children, by not allowing them to fail. However, it could also be that narcissistic children elicit this parenting style.

These children, who hold a sense of privilege and believe they are better than others, may foster parents who treat them as if they are in fact better.

Given that narcissism, entitlement, and helicopter parenting were associated with poorer attitudes towards therapy, it appears that these traits may in fact be treatment barriers. Although these characteristics do not seem to uniquely explain why millennials are not utilizing MHS (despite their perceived need; Han et al., 2015), they may help to explain why members of all generations are not seeking out MHS. Individuals who are narcissistic, entitled, and have helicopter parents were found to have more negative attitudes towards therapy, regardless of their generation. This implies that these characteristics are barriers for individuals across generations, and account for at least a small part of the reason individuals do not seek out needed MHS.

Finally, contrary to predicted results, millennials did not appear to prefer novel means of MHS delivery compared to non-millennials. Despite their understanding and constant access to technology, millennials did not seem to favor MHS via smartphone applications/the Internet more than non-millennials did. Markedly, millennials did seem to rank receiving MHS from their primary care physicians as more preferable than non-millennials did. This suggests that millennials may prefer a "quick fix" from their PCP rather than taking time seek out MHS from a specialist (i.e., psychologists, therapists, or psychiatrists). Millennials are generally characterized as "early adopters" of technology (i.e., they implement products at the beginning of the product life-cycle; Blackburn, 2011). Smartphone and other online applications for MHS are relatively novel, thus it is surprising that millennials would not be early adopters of this technology and prefer this delivery method in comparison to non-millennials.

Limitations

The sample in this study may not have been representative of the millennial generation as a whole. The sample was majority Caucasian and female and did not fully capture the attitudes and characteristics of ethnic minorities or males. Additionally, the sample was comprised mostly of millennials, and there may have not been enough non-millennials to make meaningful comparisons between the two groups.

Further, the IASMHS has been criticized for as measuring multiple constructs within each factor (e.g., items assessing psychological openness appear to also assess mental health literacy), as well as not actually aligning with the TPB (Hammer, Parent, & Spiker, 2018). This measure of attitudes towards therapy may not accurately represent individuals' attitudes towards seeking out MHS, by assessing things other than attitudes and not aligning with the theoretical framework the authors claim.

Narcissism, as a construct, appears to have two distinct types: grandiose and vulnerable (Akhtar & Thompson, 1982; Dickinson & Pincus, 2003; Wink, 1996). Vulnerable narcissism is characterized by defensiveness and an insecure sense of grandiosity associated with low self-esteem and a hypersensitivity to the evaluations of others (Pincus & Roche, 2011). While millennials do appear to possess a vulnerable narcissism rather than grandiose narcissism, the HSNS only assesses vulnerable narcissism. This measure may not have accurately captured the narcissism of millennials, and it may be that millennials and non-millennials only differ in levels of grandiose narcissism. Further research on how vulnerable and grandiose narcissists approach and think about MHS is needed to fully understand how narcissism may affect attitudes towards therapy.

Additionally, helicopter parenting still seems ill-defined in the literature, and consistent measures of the construct do not seem to exist. Although the HPI and five-item measure were found to correlate with each other, they seem to assess different aspects of helicopter parenting. The five-item measure (Padilla-Walker & Nelson, 2012) seems to measure behavioral aspects of helicopter parenting (e.g., intervening in children's affairs) whereas the HPI (Odenweller et al., 2014) measures behavioral as well as affective aspects of helicopter parenting (e.g., feelings associated with child outcomes). Future research should focus on further defining this construct, especially as it relates to previously defined parenting styles (e.g., authoritative, authoritarian, and permissive). If we are better able to understand this maladaptive parenting practice, and more accurately measure it, effective interventions can be developed to help both parents and children.

Finally, participants were asked to answer Padilla-Walker and Nelson's (2012) measure from the perspective of young adulthood. Although this measure is intended to measure helicopter parenting in emerging adulthood, the older participants in the sample may not have reliably answered these questions due to the unreliable nature of recalled memories.

Implications and Future Directions

Although the current study does not tangibly support the direction or significance of the hypothesized generational differences between millennials and non-millennials, these results do carry interesting implications for mental health practitioners. It appears that narcissistic and entitled individuals hold less favorable attitudes towards therapy, and thus are more reluctant to engage in MHS. This is problematic, considering that these individuals may experience more interpersonal and work-related problems than do their

non-narcissistic counterparts. Further studies are needed to target these individuals to improve their attitudes towards therapy and encourage them to seek out MHS. This could be accomplished through better psychoeducation about therapy, and reassuring individuals that therapy can be a growth process.

Helicopter parenting was found to be associated with increased narcissism and poorer attitudes towards therapy. This seemingly well-intentioned parenting practice appears to be detrimental to children. MHS providers, as well as other professionals who work with parents (e.g., teachers, doctors, etc.) should be aware of this and provide parents with tools to be more effective. Parents should be encouraged to enforce age-appropriate boundaries and allow autonomy in their children, to hopefully foster improved self-efficacy, lowered narcissism, and more favorable attitudes towards MHS.

This study aimed to explain, at least in part, why millennials are not engaging in needed MHS. The current literature on this generation does seem to be split on whether millennials are in fact more narcissistic and entitled than previous generations, and further research may be needed to accurately determine generational differences (if they exist). Regardless, the literature does seem to support that this generation is not seeking out MHS, and more research is needed to determine what barriers this generation is facing. This study did not assess financial stability of millennials, and it could be that this generation does not feel they can afford MHS, or do not feel that MHS are meaningful enough to spend their money on. While more educated individuals of the millennial generation have better access to MHS (e.g., via their college campus counseling centers), less educated, or lower income millennials may not have affordable access to MHS. MHS

providers may consider reaching out to millennials and educating them on available, affordable services.

Broadly speaking, these results from this study imply that the millennial generation is not significantly worse off than older generations. Widespread claims asserting the negative aspects of millennials may be unwarranted. The individuals of this generation, as with all generations, are nuanced and have many different needs. What is not different between this generation and their predecessors is their need for MHS. Millennials still experience depression, anxiety, and a variety of other mental health problems, and practitioners should be concerned with ensuring their mental health needs are met. Researchers investigating treatment seeking should be concerned with intrinsic variables that inhibit MHS seeking, in addition to the commonly addressed variables such as accessibility, affordability, and acceptance. While stigma may play a large role in treatment seeking, other factors may play a significant role in treatment seeking and should be further investigated.

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APPENDIX A

IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

Dear Kaylee,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled

(IRB# 18-020)is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

APPENDIX B

Psychological Entitlement Scale

Please respond to the following items using the number that best reflects your own beliefs. Please use the following 7-point scale:

1 = strong disagreement.

2 = moderate disagreement.

3 = slight disagreement.

4 = neither agreement nor disagreement.

5 = slight agreement.

6 = moderate agreement.

7 = strong agreement.

1. I honestly feel I'm just more deserving than others.
2. Great things should come to me.
3. If I were on the Titanic, I would deserve to be on the first lifeboat!
4. I demand the best because I'm worth it.
5. I do not necessarily deserve special treatment. *
6. I deserve more things in my life.
7. People like me deserve an extra break now and then.
8. Things should go my way.
9. I feel entitled to more of everything.

*This item should be reverse coded during analysis

APPENDIX C

Hypersensitive Narcissism Scale

Please answer the following questions by deciding to what extent each item is characteristic of your feelings and behavior. Choose a number from the scale printed below.

1 = very uncharacteristic or untrue, strongly disagree

2 = uncharacteristic

3 = neutral

4 = characteristic

5 = very characteristic or true, strongly agree

1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others
2. My feelings are easily hurt by ridicule or the slighting remarks of others
3. When I enter a room I often become self-conscious and feel that they eyes of others are upon me.
4. I dislike sharing the credit of an achievement with others.
5. I feel that I have enough on my hands without worrying about other people's troubles.
6. I feel that I am temperamentally different from most people.
7. I often interpret the remarks of others in a personal way.
8. I easily become wrapped up in my own interests and forget the existence of others.

9. I dislike being with a group unless I know that I am appreciated by at least one of those present.
10. I am secretly “put out” or annoyed when other people come to me with their troubles, asking me for my time and sympathy.

APPENDIX D

Padilla-Walker and Nelson (2012) Helicopter Parenting Scale

Please rate your view of how your parents treat or treated you as a young adult using the following scale.

1 = not at all like my parents

2 = somewhat unlike my parents

3 = neither like nor dislike my parents

4 = somewhat like my parents

5 = very much like my parents

My parent(s)…

1. Makes important decisions for me (e.g., where I live, where I work, what classes I take)

2. Intervenes in settling disputes with my roommates or friends

3. Intervenes in solving problems with my employers or professors

4. Solves any crisis or problem I might have

5. Looks for jobs for me or tries to find other opportunities for me (e.g., internships, study abroad)

APPENDIX E

Helicopter Parenting Index

Please answer the following questions by deciding to what extent each statement describes your parent(s) according to the following scale

1 = very strongly disagree

2 = somewhat disagree

3 = slightly disagree

4 = neutral

5 = slightly agree

6 = somewhat agree

7 = very strongly agree

1. My parent tries to make all of my major decisions.

2. My parent discourages me from making decisions that he or she disagrees with.

3. If my parent doesn't do certain things for me (e.g., doing laundry, cleaning room, making doctor appointments), they will not get done.

4. My parent overreacts when I encounter a negative experience.

5. My parent doesn't intervene in my life unless he or she notices me experiencing physical or emotional trauma.*

6. Sometimes my parent invests more time and energy into my projects than I do.

7. My parent considers oneself a bad parent when he or she does not step in and ''save'' me from difficulty.

8. My parent feels like a bad parent when I make poor choices.

9. My parent voices his or her opinion about my personal relationships.

10. My parent considers himself or herself a good parent when he or she solves problems for me.

11. My parent insists that I keep him or her informed of my daily activities.

12. When I have to go somewhere (e.g., doctor appointments, academic meetings, the bank, clothing stores), my parent accompanies me.

13. When I am going through a difficult situation, my parent always tries to fix it.

14. My parent encourages me to take risks and step outside of my comfort zone.*

15. My parent thinks it is his or her job to shield me from adversity.

*These items should be reverse coded during analyses.

APPENDIX F

Inventory of Attitudes Toward Seeking Mental Health Services

The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g., psychologists, psychiatrists, social workers, and family physicians). The term *psychological problems* refers to reasons one might visit a professional. Similar terms include *mental health concerns, emotional problems, mental troubles,* and *personal difficulties.*

For each item, indicate whether you *disagree* (0), *somewhat disagree* (l), *are undecided (2), somewhat agree (3),* or *agree* (4):

1. There are certain problems which should not be discussed outside of one's immediate family.*
2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.
3. I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems.*

4. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.*

5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional.

6. Having been mentally ill carries with it a burden of shame.*
7. It is probably best not to know *everything* about oneself.*
8. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.
9. People should work out their own problems; getting professional help should be a last resort.*
10. If I were to experience psychological problems, I could get professional help if I wanted to.
11. Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.*
12. Psychological problems, like many things, tend to work out by themselves.*
13. It would be relatively easy for me to find the time to see a professional for psychological problems.
14. There are experiences in my life I would not discuss with anyone.*
15. I would want to get professional help if I were worried or upset for a long period of time.
16. I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it.*
17. Having been diagnosed with a mental disorder is a blot on a person's life. *
18. There is something admirable in the attitude of people who are willing to cope with their conflicts and fears *without* resorting to professional help.*
19. If I believed I were having a mental breakdown, my first inclination would be to get professional attention.

20. I would feel uneasy going to a professional because of what some people would think.*
21. People with strong characters can get over psychological problems by themselves and would have little need for professional help.*
22. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.
23. Had I received treatment for psychological problems, I would not feel that it ought to be "covered up."
24. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems.*

* These items should be reverse coded during analysis